



Date _____
Tracking Number _____

**ACCESSIBLE TAXI APPLICATION (INDIVIDUAL ONLY) SUPPLEMENT A**

**APPLICANT INFORMATION**

Name of Present License Holder \_\_\_\_\_

Address (No P.O. Boxes) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

Louisiana Chauffeur's or CDL License Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

**TRANSPORTATION EXPERIENCE**

- |     |    |  |
|-----|----|--|
| Yes | No | Do you have any outstanding fines/fees with another for-hire company?  |
| Yes | No | Have you been a full-time driver holding a Bureau issued permit, for at least five (5) years?  |
| Yes | No | Have you had more than two (2) moving traffic accidents, in which you were at fault, within the past five (5) years?   |
| Yes | No | Have you had more than (1) moving traffic accidents, in which you were at fault, within the past two (2) years?  |
| Yes | No | Have you had any moving traffic accidents, within the past five (5) years, which resulted in a serious injury or fatality?                                       |
| Yes | No | Have you been convicted of more than two (2) moving traffic violations within the past five (5) years?   |
| Yes | No | Have you had more than two (2) sustained municipal code violations, relative to the operation of a taxicab and for hire vehicle, within the past five (5) years? |
| Yes | No | Have you had more than one (1) sustained municipal code violations, relative to the operation of a taxicab and for hire vehicle within the past two (2) years?   |
| Yes | No | Have you had more than two (2) sustained passenger complaints within the past five (5) years?  |
| Yes | No | Have you had more than one (1) sustained passenger complaints within the past two (2) years?   |

If yes to any, explain in the space below and attach supporting documentation.

**REQUIRED ATTACHMENTS**

1. A letter from the for hire vehicle company under which the CPNC will be operating. (not required for Accessible CPNC applications).
2. Proof of citizenship or authority to work in the U. S. (**Acceptable Documents- Originals Only:** Birth Certificate, Certificate of Naturalization, valid U.S. Passport, Permanent Resident Card, or Work Authorization Document).
3. Proof of Residency for a period of greater than six (6) months. (**Acceptable Documents- Originals Only:** Utility bill, water bill, landline telephone bill, notarized mortgage/rental agreement in applicant's name.).
4. Copy of Occupational License.
5. Certified copy of Articles of Incorporation / Articles of Organization by the Louisiana Secretary of State Office, and the name(s) and position(s) of all officers. If an individual, include your business plan and letters of commitment. Please see page 2.
6. Proof of current certificate of liability insurance and vehicle registration
7. Drug screening and federal background check.

Initials: \_\_\_\_\_



Taxicab and For Hire  
Vehicle Bureau License



Date	_____
Tracking Number	_____

# ACCESSIBLE TAXI APPLICATION

# SUPPLEMENT A

Please indicate during which of the following times you will be operating your Accessible Taxi CPNC:

- Yes    No        6:00 am to 2:00 pm
- Yes    No        2:00 pm to 10:00 pm
- Yes    No        10:00 pm to 6:00 am

## LICENSE HOLDER CERTIFICATION

Before me, the undersigned authority, this day personally appeared \_\_\_\_\_, who, being by me first duly sworn, deposes and says that he/she is an applicant for a Certificate of Public Necessity and Convenience (CPNC), and in accordance with New Orleans City Code Chapter 162, does request the Taxicab and For Hire Vehicle Bureau issue a new CPNC(s), and that all statements in this application are true.

Applicant Signature \_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_ 2013.

Name of Notary Public (Print or Type, and Stamp Commissioned) \_\_\_\_\_

Signature of Notary Public \_\_\_\_\_

My Commission Expires \_\_\_\_\_

Personally known        or Identification Produced        Type of Identification Produced \_\_\_\_\_

Initials: \_\_\_\_\_